

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

HEALTHCARE SUPPLY CHAIN ASSOCIATION POLITICAL ACTION COMMITTEE (HSCA PAC)

ADDRESS (number and street)

2025 M STREET NW SUITE 800

(Check if address
is changed)

WASHINGTON

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

info@supplychainassociation.org

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

3. FEC IDENTIFICATION NUMBER

C C00423863

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Curtis Rooney

Signature of Treasurer

Curtis Rooney

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)